

CLAIMS ONLY						Application Number 10848739	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
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24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30	I		I				80		
31		I		I			81		
32		I		I			82		
33		I		I			83		
34		I		I			84		
35		I		I			85		
36		I		I			86		
37		I		I			87		
38		I		I			88		
39		I		I			89		
40		I		I			90		
41		I		I			91		
42		I		I			92		
43		I		I			93		
44		I		I			94		
45		I		I			95		
46		I		I			96		
47		I		I			97		
48		I		I			98		
49		I		I			99		
50		I		I			100		
Total Indep						I			
Total Depend						24	24		
Total Claims						25	25		